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From:

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**Foreign Limited Liability Company
Patient RX Solutions Pharmacy, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
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FEB 24 2016

S. YOUNG

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Patient RX Solutions Pharmacy, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Texas 3. 47-5154270
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4730 N. Habana Avenue, Suite 204
Tampa, FL 33614
(Street Address of Principal Office)

6. 4730 N. Habana Avenue, Suite 204
Tampa, FL 33614
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: David L. Koche
Office Address: 601 Bayshore Blvd., Suite 700
Tampa, Florida 33606
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

David L. Koche (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

David A. Wood, Manager
4730 N. Habana Avenue, Suite 204
Tampa, FL 33614

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

David A. Wood
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

David A. Wood, Manager

Typed or printed name of signer

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FILED
16 FEB 23 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Patient RX Solutions Pharmacy, LLC (file number 802298266), a Domestic Limited Liability Company (LLC), was filed in this office on September 22, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name:
officially and caused to be impressed hereon the Seal of
State at my office in Austin, Texas on February 22, 2016.

FILED
16 FEB 23 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State